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APPLICANTS

Pradeep P. Sanghvi, New Fairfield, CT;
 Sara Ketsela, Danbury, CT;

**** CONTINUING DATA** * * * * * *Q/S*
 This appln claims benefit of 60/400,046 08/02/2002

**** FOREIGN APPLICATIONS** * * * * * *NONE Q/S*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 01/06/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	<i>Alimera Singh</i> <i>Q/S</i>		
Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CT	5	23	3

ADDRESS

23483

TITLE

Sustained release formulations of metformin

FILING FEE RECEIVED 934	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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